

# INDEX-OF-CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

09/993419

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# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

09/993419

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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